



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/665,634	FILING DATE 09/19/2000 RULE -	CLASS 604	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. 75329 74019
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**APPLICANTS**

Thomas J. Shaw, Little Elm, TX ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A REI OF 08/862,849 05/23/1997 PAT 5,810,775

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/30/2000**

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

20873

**TITLE**

Cap operated retractable medical device

FILING FEE RECEIVED 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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**\*BIBDATASHEET\***

**CONFIRMATION NO. 6568**

Bib Data Sheet

SERIAL NUMBER 09/665,634	FILING DATE 09/19/2000 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 75329 74019
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**APPLICANTS**

Thomas J. Shaw, Little Elm, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a REI of 08/862,849 05/23/1997 PAT 5,810,775

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 12/30/2000**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____				

**ADDRESS**

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SUITE 2200  
DALLAS , TX  
75201-6776

**TITLE**

Cap operated retractable medical device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
RECEIVED 735		